

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584175

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6	1					
7		1				
8		1				
9		3				
10		3				
11		①				
12		①				
13		①				
14		①				
15		①				
16		①				
17		①				
18		①				
19		①				
20		1				
21		1				
22		1				
23	1					
24		①				
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26	1					
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TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	32	←		←		←
TOTAL CLAIMS	37					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						